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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Committee To Reelect Congressman Chris Smith			]	
	S Smith		-	
ADDRESS (number and street) P.O. Box 3184				
CITY, STATE, and ZIP CODE			1	
Hamilton	NJ 086			
2. NAME OF CANDIDATE Christopher H. Smith	OF CANDIDATE ristopher H. Smith  3. OFFICE SOUGHT (State and District) House NJ 04		4. FEC IDENTIFICATION NUMBER C00096412	
Christopher H. Offilia				
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON			2014
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
American Medical Association PAC			day, year)	
			10/23/2014	2000.00
25 Massachusetts Ave, NW Ste. 600				
	Transaction ID : 41023.C59901 Occupation			
Washington DC 20001	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
American Phyiscal Therapy Asso.			day, year)	
			10/23/2014	1000.00
Physcial Therapy PAC (PT-PAC)				
Dave Mason	Transaction ID : 41023.C59902			
Alexandria VA 22314	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Novo Nordisk Inc. PAC	Name of Employer		day, year)	ranount
NOVO NOIGISK IIIC. I AC			10/23/2014	1000.00
Maggie Osorio, Govt Affairs			10/20/2014	1000.00
1155 F Street NW, Suite 1150	Transaction ID: 41023.C59903			
Washington DC 20004	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
	Occupation			
F FULL NAME MAILING ADDDESS AND TO CODE	N (F )		Date (month,	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		day, year)	7 1110 0111
	Occupation			
SIGNATURE (optional)		DATE	Eou fronther !:	oformation contact:
Mary M. Roldan	10/23/2014		For further information contact: Federal Election Commission	
	[Electronically Filed]			/, Washington, DC 20463 9530, Local 202-694-1100

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